

Checklist – Designation of Historic District, Structures or Landmarks

Item	Yes	No	Not Applicable (Staff to fill-out)	Comments
Required application fee, \$355.00				
If accompanied with a necessary map amendment to plaNorfolk2030 – additional \$5				
Pre-application meeting with Historic Preservation and Zoning Staff (At least 3 business days prior to deadline)				
Has this application been coordinated with the Transportation Division of Public Works? (757-664-7300)				
Has this proposal been coordinated with the nearest civic league? (see matthew.simons@norfolk.gov or chris.whitney@norfolk.gov)				
One 8½ x 14 inch or 11 x 17 inch scaled copy of a physical survey of the property and any building on the property (including legal description) (email pdf version to staff: colette.mcdonald@norfolk.gov)				
One $8\frac{1}{2}$ x 14 inch or 11 x 17 inch scaled copy of a conceptual site plan – including landscaping approved by Recreation, Parks and Open Space – 757-441-2400 (email pdf version to staff: colette.mcdonald@norfolk.gov)				
Comprehensive exterior photographs of the property, including any significant historic features and elevations of each face of any building on the property				
Historic photographs, drawings, plats, maps, or other physical depictions of the property or any building on the property				
Any written or printed history about the property or any building on the property, including bibliographic information identifying the date or author of the writing				

Item	Yes	No	Not Applicable (Staff to fill-out)	Comments
Documentation that the property or any building on the property is listed on the U.S. Department of the Interior's National Register of Historic Places or the Virginia Landmarks Register, if applicable				
List of all sources searched and referenced in preparation of the application materials				
Signature of all property owners				
Is property in an AICUZ? Clear zone/Accident Potential Zone (APZ)/Noise zone				
Is property within ½ mile of another locality, or 3,000 feet of a military installation?				
Notes:				

Notes:	
Applicant Signature:	Date:
Staff Signature:	Date:



DEPARTMENT OF CITY PLANNING

810 Union Street Room 508 Norfolk, VA 23510 (757) 664-4752 (757) 441-1569 (FAX) www.norfolk.gov/planning

DESIGNATION OF HISTORIC DISTRICTS STRUCTURES OR LANDMARKS



Application Procedures

- 1. A pre-application meeting is required. To arrange for an appointment, please call (757) 823-1451.
- 2. Submit completed application with all required attachments including:
 - Completed Checklist
 - \$355 check for required application fee made payable to the City of Norfolk (non-refundable).
 - ♦ Application fee includes a non-refundable \$5 technology surcharge.
 - If accompanied with a necessary map amendment to the City's adopted general plan, plaNorfolk2030, an additional technology surcharge of \$5 will be required.
- 3. Staff will review application to determine completeness.
- 4. <u>Applicant to contact appropriate Civic League prior to public hearing</u>. Providing written documentation to Planning staff of any meetings, input from the Civic Leagues concerning your request is helpful to the Planning Commission.
- 5. Staff will post legal notice of application request and photograph subject property.
- 6. The Planning Commission will visit the site on the 2nd Wednesday of the month. it is not necessary for the applicant to be present).
- 7. Applicant must attend public hearing:

►Where: City Hall Building

11th Floor, Council Chambers

►Time: 2:30 p.m.

- 8. During the Commission's hearing:
 - ► Applicant must register to speak
 - ► Staff will present application and recommendation
 - ► Applicant/representative may make a presentation
 - ► Proponents may speak
 - ► Opponents may speak
 - ► Rebuttal
- 9. The Planning Commission will make a recommendation on the application at their hearing which will be forwarded to City Council.
- 10. Applicant may contact staff 2 weeks after the hearing to obtain a tentative Council date (the City Manager's Office establishes the contents of Council's agenda).

DEPARTMENT OF CITY PLANNING ZONING SERVICES

5TH FLOOR (757) 664-4752 / (757) 441-1569 (FAX)



APPLICATION DESIGNATION OF HISTORIC DISTRICTS, STRUCTURES OR LANDMARKS

		Date of applicati	on:	
Change of Zoning				
From:	Zoning To:	Zoning		
DESCRIPTION OF PROI	<u>PERTY</u>			
Property location: (Street		(Street N		
Existing Use of Property:				
Current Building Square I	Footage			
Proposed Use				
Proposed Building Square	e Footage	-		
Trade Name of Business	(If applicable)			
APPLICANT (If applicant is a LLC or a	Corp./Inc., include	name of official re	epresentative an	d/or all partners)
1. Name of applicant: (L	.ast)	(First) _		(MI)
Mailing address of applica	ant (Street/P.O. Box):		
(City)	(State	e)	(Zip Code)	
Daytime telephone numb	er of applicant ()		Fax()	
F-mail address of applica	ınt·			

DEPARTMENT OF CITY PLANNING

Application Rezoning Page 2

(If agent is a LLC or a Corp./Inc., included			
2. Name of applicant: (Last)		_ (First)	(MI)
Mailing address of applicant (Street/P.0	O. Box):		
(City)	(State)	(Zip Code)
Daytime telephone number of applican	t ()	Fax()_	
E-mail address of applicant:			
		e of official representa	'
		·	·
3. Name of property owner: (Last)		(First)	(MI)
3. Name of property owner: (Last) Mailing address of property owner (Stre		(First)	(MI)
	eet/P.O. box):	(First)	(MI)
Mailing address of property owner (Stre	eet/P.O. box):	(First) (Zip Code)	(MI)
Mailing address of property owner (Street) (State	eet/P.O. box):	(First) (Zip Code)	(MI)
Mailing address of property owner (Street) (State	eet/P.O. box):	(First) (Zip Code)	(MI)
Mailing address of property owner (Street) (State) Daytime telephone number of owner (eet/P.O. box):	(First) (Zip Code) email:	(MI)
Mailing address of property owner (Street) (State) Daytime telephone number of owner (CIVIC LEAGUE INFORMATION	eet/P.O. box):	(First) (Zip Code) email:	(MI)

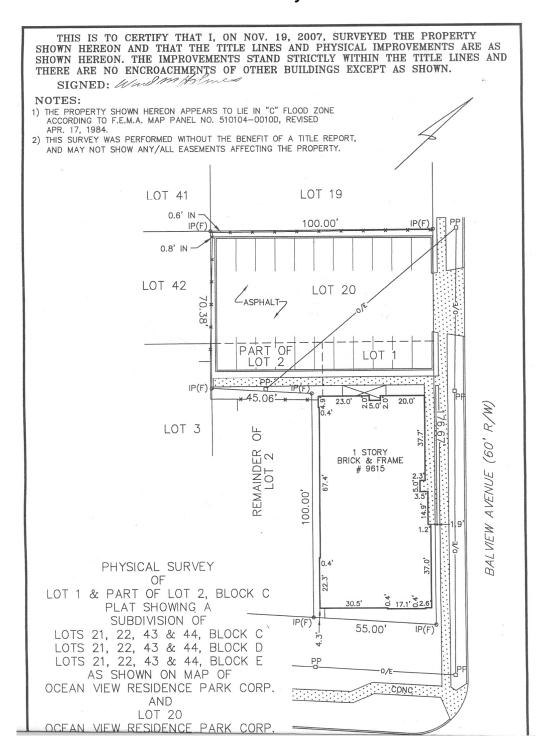
DEPARTMENT OF CITY PLANNING

Application Rezoning Page 3

CERTIFICATION I hereby substitute the herein is true	ON: mit this complete applic and accurate to the best	ation and of my kno	l certify the info wledge:	rmatior	n contained
Print name:		_Sign:		/	
	(<u>Property Owner</u> or Authorize	d Agent of Si	ignature)		(Date)
Print name:	(<u>Applicant</u>)	_Sign:	(Date)	_/	
ONLY NEEDED IF A	APPLICABLE:				
Print name:	(A. Ilasia di Assart Cisastan)		(D. (.)	_/	
	(Authorized Agent Signature)		(Date)		

DEPARTMENT OF CITY PLANNING

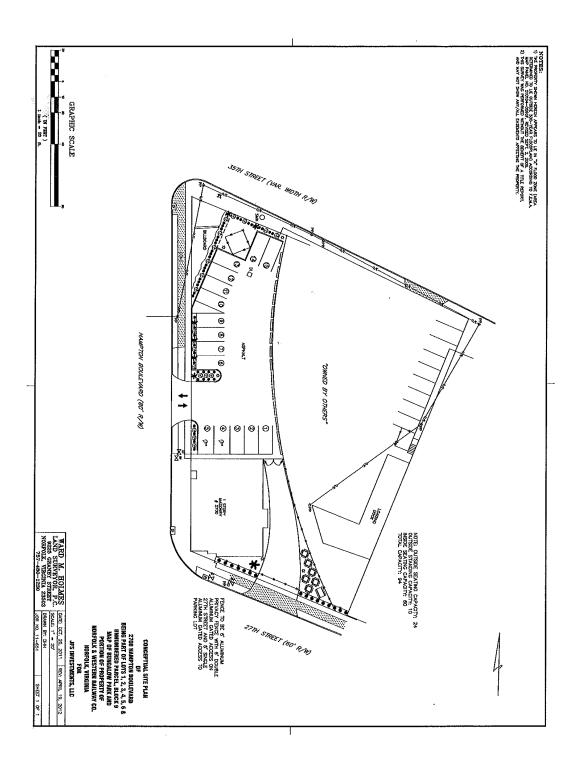
Survey



DEPARTMENT OF CITY PLANNING

Conceptual Site Plan

(required for new construction or site improvements)



DEPARTMENT OF CITY PLANNING